



FAX Referral Form

FAX TO: 704-731-0926 *(alternate fax 704-333-4601)*

Please Fill Out Completely Before Faxing

If you have any questions please call 704-372-3714 ext.129

Preferred Physician: **Dr. T. Hemanth Rao** **Dr. Paul MacDonald** **No Preference**
 Physical Therapy **Occupational Therapy** **EEG Tech**

Please Select Location Preferred: **First Available Location**

Main Office **Charlotte Office** **Monroe Office** **South Charlotte**
2219 E 7th Street 2607 E 7th Street Ste200 1315 E. Sunset Dr. Ste201 7000 Shannon Willow Dr
Charlotte, NC 28204 Charlotte, NC 28204 Monroe, NC 28112 Charlotte, NC 28226

Is this appointment a STAT appointment Yes No

Patient's Name: _____ Email Address: _____

Patient's Address: _____

City: _____ State: _____ Zip: _____

Patient Phone: _____ 2nd Contact Phone: _____

Patient DOB: _____ Patient SSN: _____

Diagnosis: _____

Reason for Visit: **Neuro Consult** | **EMG/ Nerve Conduction** | **Memory Assessment** | **EEG/Ambulatory (48hour)** | **EEG** | **OT**

Referring Physician: _____

Is this the PCP for the Patient? **Yes** **No** If No, Please List PCP _____

Referral Coordinator/Contact at Physician Office: _____

Referring Contact Phone: _____ FAX _____

Referring Contact Email Address: _____

*The Neurological Institute will contact the patient to schedule the appointment, and will fax back a confirmation of appointment time and date.

*Patient will receive new patient packet in mail.

Insurance Info: (if there are more than 1 insurance company please fax ALL cards and make note to primary and secondary)

Primary Insurance: _____ **Secondary Insurance:** _____

Toll Free Primary #: _____ **Toll Free Secondary #:** _____

Name of Insured: **Primary** _____ **Secondary** _____

Primary Subscriber/Policy #: _____ **Group#** _____

Secondary Subscriber/Policy #: _____ **Group#** _____

If Carolina Access Medicaid, Please list Carolina Access Medicaid # _____

*Clinical Notes and/or Labs & Diagnostic Studies are required to process new patient appointments.
Please Fax those documents as well as other information with this FAX Form or prior to appointment date.